

**FIRST AMENDMENT TO STATE HOUSING INITIATIVES PARTNERSHIP (SHIP)  
HOME REPAIR PROGRAM PROVIDER AGREEMENT BETWEEN ALACHUA  
COUNTY AND NEIGHBORHOOD HOUSING AND DEVELOPMENT  
CORPORATION. 242-322906, NO. 14279**

THIS FIRST AMENDMENT (“Amendment”) is made by and between Alachua County, Florida, a political subdivision and charter county of the State of Florida, by and through its Board of County Commissioners (the “County”) and NEIGHBORHOOD HOUSING & DEVELOPMENT CORP, a Florida not-for-profit organization, (the “Provider”). The County and the Provider are collectively referred to as the “Parties.”

**WITNESSETH:**

**WHEREAS**, the Parties previously entered into a State Housing Initiatives Partnership (SHIP) Home Repair Program Provider Agreement, dated April 16, 2024, , based on SHIP funds for State Fiscal Year 2022-2023 and the County’s Local Housing Assistance Plan (LHAP) for State Fiscal Years 2020-2023, identified by No. 14279 (the “Agreement”); and

**WHEREAS**, the Provider was unable to expend all allocated funds prior to the expiration of the Agreement; and

**WHEREAS**, the Parties desires to amend the Agreement to extend the term and to do as otherwise provided herein.

**NOW, THEREFORE**, the Parties agree to amend the Agreement as follows:

A. Amendment. Section #1, of the Agreement titled “Term” is amended to read as follows:

**Section 1. TERM:** This Agreement shall commence on the last date this Agreement is signed by both Parties and shall continue in effect through December 31, 2024, unless earlier terminated, as provided herein.

B. Amendment. Section #5, of the Agreement titled “Notices” is amended to update the County’s representative to read as follows. All other provisions in Section #5 are unchanged by this Amendment.

County: Alachua County Department of Community Support Services  
Ralston Reodica, Housing Director  
SHIP Program  
218 SE 24th St.  
Gainesville, FL 32641

C. Amendment. Section #7, of the Agreement titled “Funding and Payment Procedures”, specifically sub-sections 7.4.3, 7.4.4, and 7.5 are amended to read as follows. All other sub-sections of Section #7 remain the same.

7.4.3 Invoices, monthly SHIP Financial Reports, and accompanying support documentation must be sent to:

Alachua County Department of Community Support Services  
Ralston Reodica, Housing Program Manager  
218 SE 24 St  
Gainesville, FL 32641

The name and address of the official payee to whom the County makes payments to under this agreement is:

Janice Crews, Executive Director  
Neighborhood Housing and Development Corporation.  
633 NW 8th Avenue,  
Gainesville, Fl. 32601

7.4.4 The Provider must submit the final request for payment and SHIP Financial Report to the County by no later than January 15, 2025; the final payment request shall be denied if not received by the County on, or before, January 15, 2025. If the Provider fails to do so, all rights to payment are forfeited. The County may not honor any request submitted after June 15, 2025. Any payment due to the Provider under the terms of this Agreement may be withheld until all reports due from the Provider, and necessary adjustment(s) thereto, have been approved by the County.

7.5 All costs must be incurred, and all work must be completed by December 31, 2024. The final payment request must be submitted to the County by January 15, 2025, in accordance with paragraph 7.4.4, to be eligible for reimbursement. The County shall process and pay all complete and properly documented invoices that are received by the County by no later than January 15, 2025.

D. Amendment. Section #8, of the Agreement titled “Reporting”, specifically sub-section 8.2 is amended to read as follows. All other sub-sections of Section #8 remain the same.

8.2 The final Activity Status Report and accompanying ATTACHMENT 6, Annual Report Household Data Summary shall be submitted by the Provider to the County by no later than January 15, 2025.

E. Amendment. Attachment #1, of the Agreement titled “Scope of Services”, is deleted and replaced with an updated Attachment #1, attached to this Amendment.

F. Effective Date. This Amendment shall be effective upon execution by the Parties.

G. Original Agreement. Unless expressly amended herein, all other terms and provisions of the original Agreement between the Parties, including any prior amendments to the Agreement,

shall be and remain in full force and effect. In the event any of the prior amendments to the Agreement conflict with this Amendment, the provisions of this Amendment shall prevail.

IN WITNESS WHEREOF, the Parties have caused this Amendment to be executed on the day and year below written.

**ALACHUA COUNTY, FLORIDA**

By: \_\_\_\_\_

Mary C. Alford, Chair

Board of County Commissioners

Date: \_\_\_\_\_

**ATTEST**

**APPROVED AS TO FORM**

\_\_\_\_\_  
J.K. "Jess" Irby, Esq., Clerk

(SEAL)

\_\_\_\_\_  
Alachua County Attorney's Office

**PROVIDER**

By: \_\_\_\_\_ *[Signature]*

Print: P. Andre Paschment

Title: CEO

Date: 10-10-24

**IF THE PROVIDER IS NOT A NATURAL PERSON, PLEASE PROVIDE A CERTIFICATE OF INCUMBENCY AND AUTHORITY, OR A CORPORATE RESOLUTION, LISTING THOSE AUTHORIZED TO EXECUTE AGREEMENTS ON BEHALF OF YOUR ORGANIZATION. IF ARE A NATURAL PERSON, THEN YOUR SIGNATURE MUST BE NOTARIZED.**

**ATTACHMENT 1**

**SCOPE AND SCHEDULE OF SERVICES**

Project outcome and estimated number of households to be served will be adjusted based on the award amount of \$300,000.00.

<b>Name of Agency/Organization</b>	<b>Neighborhood Housing &amp; Development Corporation</b>
<b>Street Address</b>	<b>633 NW 8th Avenue</b>
<b>Mailing Address (if different)</b>	<b>Same as above</b>
<b>City, Zipcode</b>	<b>Gainesville, FL 32601</b>
<b>Main Telephone Number</b>	<b>(352) 380-9119</b>
<b>Facsimile Number</b>	<b>(352) 380-9170</b>
<b>Federal ID Number</b>	<b>59-2203965</b>
<b>DUNS Number</b>	<b>17-181-9212</b>
<b>Executive Director (name)</b>	<b>Cheryl Beardsley</b>
<b>Telephone</b>	<b>(352) 380-9119</b>
<b>E-mail Address</b>	<b><a href="mailto:charris@gnhdc.org">charris@gnhdc.org</a></b>
<b>Chief Financial Officer</b>	<b>Cheryl Beardsley</b>
<b>Telephone</b>	<b>(352) 380-9119</b>
<b>E-mail Address</b>	<b><a href="mailto:cbeardsley@gnhdc.org">cbeardsley@gnhdc.org</a></b>
<b>Project Contact Name</b>	<b>Janice Crews</b>
<b>Street Address</b>	<b>633 NW 8th Avenue</b>
<b>City and Zip Code</b>	<b>Gainesville, FL 32601</b>
<b>Telephone</b>	<b>(352) 380-9119</b>
<b>E-mail Address</b>	<b><a href="mailto:jcrews@gnhdc.org">jcrews@gnhdc.org</a></b>
<b>Describe the proposed project, use additional pages as needed.</b>	<b>See attached</b>
<b>SHIP funds requested:</b>	<b>\$300,000</b>
<b>Leveraged Funds:</b>	<b>\$50,000.00</b>
<b>Estimated number of Household to be served</b>	
<b>Very Low Income</b>	<b>10</b>
<b>Low Income</b>	
<b>Total</b>	<b>10</b>
<b>The time period of the Proposed Project</b>	
<b>From:</b>	<b>4/1/2023</b>
<b>To:</b>	<b>12/31/2024</b>